



465 S. Drake Rd.
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269-488-8400

Radiograph policy

X-Rays provide one of the best diagnostic tools in dentistry. They enable the dentist and hygienist to see inside the tissue of the teeth, gums and bones of the jaw. We assure you that we are conservative in our use of x-rays, but without them, decay and other diseases of the teeth and mouth often cannot be diagnosed until serious damage has been done.

We never take unnecessary x-rays. The American Dental Association recommends that radiographs be taken at regular intervals to check for signs of decay or disease, such as bone loss or oral cancer, and for diagnostic purposes when indicated. In our office:

- Bitewings are taken 1x / calendar year
- Panoramics are taken 1x / 3 calendar years
- PAs are taken as needed or as prescribed by the doctor

We do NOT accept radiographs from other offices as software may vary and images do not transfer well. Exceptions can be made for orthodontics or patients with recent oral surgery on a case by case basis (this is determined by the DDS on staff). All new patient appointments require new imaging to create a patient baseline.

Some dental insurance plans have limits on their coverage of radiographs. If you have dental insurance, please check your policy's coverage. You may be responsible for the fees involved, as insurance may not cover at 100%. Please be prepared at every visit for any potential co-pays.

REFUSAL OF X-RAYS leaves our practice at a liability. Disease can be easily missed without imaging. Doctors cannot properly diagnose with an incomplete exam. Patients have the right to refuse imaging, just as dentists have the right to refuse treatment. Failure to comply with regular x-ray intervals could lead to dismissal as a patient, or cancellation of upcoming appointments.

By signing this form **I agree to and understand** all radiograph policies and procedures in place by Drake Dental. I understand that failure to comply with the imaging policy could lead to dismissal as a patient or rescheduling of my appointments. I understand that my insurance may not cover all imaging at the standard intervals and I will be prepared for any copays.

Print name: _____

Signature: _____ Date: ____/____/____